

# **Declaration and Power of Attorney For Patent Application (Sole/Joint)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought, on the invention entitled

**Induced remineralisation of human dental enamel**

the specification of which (Check One)

\_\_\_ is attached hereto.

OR

X was filed on 11 November 2005 as  
     [ ] Application Serial No.  
     XX] International Application No. PCT/ EP2005/012101  
 and was amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application..

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent, inventors or plant breeders rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent, inventor's or plant breeders rights certificate(s), or any PCT application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN APPLICATION(S)**

**Priority Claimed**

<u>10 2004 054 584.7</u>	<u>Germany</u>	<u>11/November/2004</u>
<small>(Number)</small>	<small>(Country)</small>	<small>(Day/Month/Year Filed)</small>
_____	_____	_____
<small>(Number)</small>	<small>(Country)</small>	<small>(Day/Month/Year Filed)</small>
_____	_____	_____
<small>(Number)</small>	<small>(Country)</small>	<small>(Day/Month/Year Filed)</small>

Yes: XX No:

Yes: \_\_\_ No:

Yes: \_\_\_ No:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER: \_\_\_\_\_ FILING DATE: \_\_\_\_\_  
 APPLICATION NUMBER: \_\_\_\_\_ FILING DATE: \_\_\_\_\_

I or we hereby appoint the registered practitioner(s) associated with **Customer Number 6449** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence about the application to **Customer Number 6449**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

<b>Name of Sole or First Inventor</b>	___ A petition has been filed for this unsignd inventor.
Given Name (first and middle[if any]) Susanne	Family Name or Surname Busch
Inventor's Signature X <i>Susanne Busch</i>	Date X 30. August 2006
Residence (City, State, Country) 01326 Dresden, Germany	Citizenship German

Mailing Address (Street, City, State, Zip or Postal Code, Country)

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01067 New Auspach

300800  
S Busch

<b>Name of Second Inventor</b>	___ A petition has been filed for this unsignd inventor.
Given Name (first and middle[if any]) Rüdiger	Family Name or Surname Knip
Inventor's Signature X <i>Rüdiger Knip</i>	Date X 15. August 2006
Residence (City, State, Country) 40764 Langenfeld, Germany	Citizenship German

Mailing Address (Street, City, State, Zip or Postal Code, Country)

Wupperstr. 26a, 40764 Langenfeld, Germany

<b>Name of Third Inventor</b>	___ A petition has been filed for this unsignd inventor.
Given Name (first and middle[if any])	Family Name or Surname
Inventor's Signature	Date
Residence (City, State, Country)	Citizenship

Mailing Address (Street, City, State, Zip or Postal Code, Country)

<b>Name of Fourth Inventor</b>	___ A petition has been filed for this unsignd inventor.
Given Name (first and middle[if any])	Family Name or Surname
Inventor's Signature	Date
Residence (City, State, Country)	Citizenship